

CERTIFICATE OF EFS FILING UNDER 37 CFR §1.8

I hereby certify that this correspondence is being electronically transmitted to the United States Patent and Trademark Office, Commissioner for Patents, via the EFS pursuant to 37 CFR §1.8 on the below date:

Date: November 3, 2008

Name: Steven L. Oberholtzer

Signature: /Steven L. Oberholtzer/

BRINKS
HOFER
GILSON
& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Lennart Haglund

Appln. No.: 10/537,278

Filed: December 27, 2005

For: Improvements In Or Relating To A Safety Arrangement

Docket No: 12400-041

Examiner: Faye M. Fleming

Art Unit: 3616

Conf. No.: 1860

TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Attached is/are:

Reply Under 37 CFR 1.116.

Fee calculation:

No additional fee is required.

Small Entity.

An extension fee in an amount of \$_____ for a _____-month extension of time under 37 CFR § 1.136(a).

A petition or processing fee in an amount of \$_____ under 37 CFR § 1.17(_____.)

An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	OR	Rate	Add'l Fee
Total	11	Minus	0	x \$26=			x \$52=	
Indep.	4	Minus	3	1	x 110=		x \$220=	220
First Presentation of Multiple Dep. Claim				+\$195=			+\$390=	
				Total	\$		Total	\$220

Fee payment:

Please charge Deposit Account No. 23-1925 in the amount of \$220.00 for extra independent claim.

Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).

The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Respectfully submitted,

November 3, 2008
Date

/Steven L. Oberholtzer/
Steven L. Oberholtzer (Reg. No. 30,670)